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PTO/851 (01-03)  
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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/599,015
Filing Date	September 18, 2008
First Named Inventor	Tami Harel
Title	Gastrointestinal Methods And...
Art Unit	
Examiner Name	
Attorney/Blocker Number	ME1098,230431

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioner associated with the Customer Number:

*6542 83380*

OR

Practitioner(s) named below:

Name	Registration Number
William H. Dipper	26,723

Myself (Inventor) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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Attorney or record of the other inventors. See 37 CFR 1.31.  
Statement under 37 CFR 3.73(a) is attached. (Form PTO/SB/02)

**SIGNATURE of Applicant or Attorney or Record**

Signature	<i>7/11/08</i>	Date	<i>7/11/08</i>
Name	Tami Harel	Telephone	
Title and Company	Inventor		

NOTE: Signature of all the inventors or assignee or record of the other inventors or their representatives is required. Signatures of firms or companies are not acceptable.

*Tami Harel* is my authorized agent.

This document is a declaration in accordance with 37 CFR 1.32 and 1.33. The declaration is required to be filed in order for the public to see it as filed by the USPTO in process of application. Copy and file by 37 CFR 1.1 and 1.3 and 1.5. This declaration is deemed to be a 3 minute to 6 minute, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the impact of time you believe are necessary to complete this form should be directed to the USPTO. You should also direct any comments on the impact of time you believe are necessary to complete this form to the USPTO. The USPTO will consider all comments on the impact of time you believe are necessary to complete this form.

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NO. 390 SEP. 27

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Application Number	10/599,015
Filing Date	September 16, 2006
First Named Inventor	Tomi Harol
Title	Gastrointestinal Methods And...
Art Unit	
Examiner Name	
Attorney Docket Number	METOBUS2394431

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioner associated with the Customer Number

OR

 Practitioner(s) named below:

Name	Registration Number
William H. Dippert	28,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

 Applicant/Inventor. Assignee of record of the utility patent. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(d) is attached. Form PTO/SB/65

SIGNATURE OF Applicant or Assignee of Record

Signature	Date	9/15/08
Name	Yuval Mika	
Title and Company	CEO Intergen, Inc.	

NOTE: Signature of the Inventor or Assignee of record of the utility patent or their representative(s) are required. Multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.33 and 1.63. The information is required to obtain or retain a benefit by the public which is to be paid to the U.S. Patent and Trademark Office. The information is submitted voluntarily by 35 U.S.C. 322 and 37 CFR 1.11 and 1.14. This collection is estimated to take 0 minutes to complete, including time for preparing, reviewing, collecting, and entering the required information. This collection is subject to review under the Paperwork Reduction Act. Any comments on the amount of time you need to complete this form should be sent to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20585, Attn: Office of Management and Budget, P.O. Box 1400, Washington, DC 20585-0001. DO NOT SEND FEES OR COMPLETED FORMS TO THE ACCUSER, DEMP TO, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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